Louisiana Regional HIV/AIDS Surveillance Report

Characteristics and Trends of Reported HIV and AIDS Cases

2000



Region II: Baton Rouge Region

HIV/AIDS Surveillance
HIV/AIDS Program
Louisiana Office of Public Health
Louisiana Department of Health and Hospitals
234 Loyola Ave, 5th Floor
New Orleans, LA 70112
(504) 568-7524

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Regional Epidemiologic Profile

Region II: Baton Rouge Region

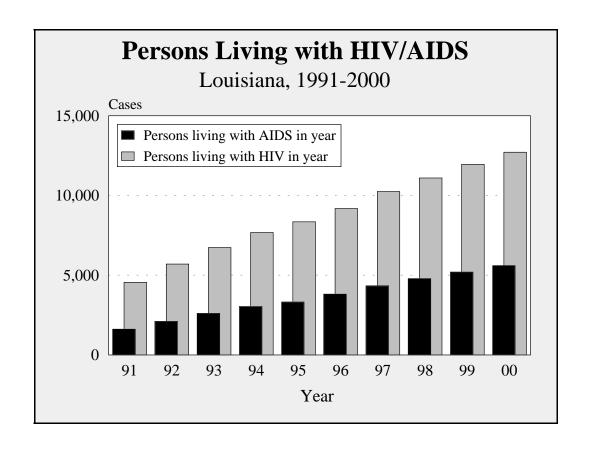
This profile summarizes the status of the HIV/AIDS epidemic in the Baton Rouge Region for cases diagnosed through 2000 and reported through July, 2001. Please refer to the technical notes (page 17) for information on the interpretation of HIV data.

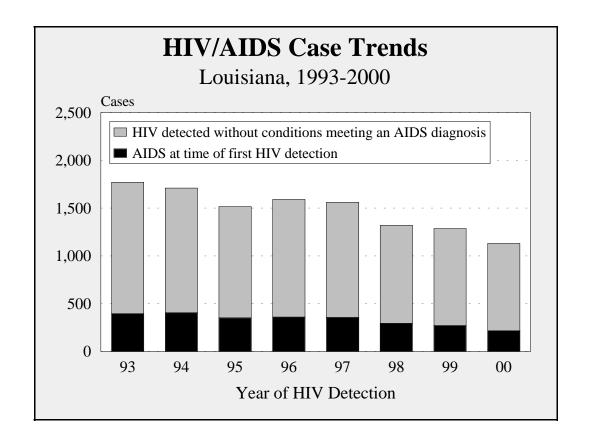
The following are highlights of this year's report for Region II:

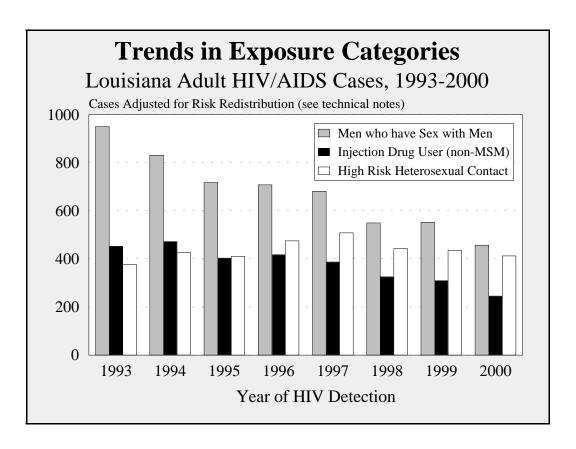
- In 2000, the Baton Rouge Region had the highest HIV/AIDS case rate in the state (50 cases out of every 100,000 persons). The Baton Rouge Region has maintained a higher HIV/AIDS case rate than the New Orleans Region since 1996.
- Through 2000, the cumulative number of persons detected and reported with HIV infection was 3,926 in Region II, of which 2,258 have been diagnosed with AIDS. In 2000 alone, 300 new cases of HIV infection were detected and 192 new AIDS cases were diagnosed. The Baton Rouge Region is second only to the New Orleans Region in the number of new HIV/AIDS cases detected in 2000.
- By the end of 2000, there were 2,689 persons living with HIV/AIDS in Region II. The number of persons living with HIV/AIDS continues to increase each year.
- In every region of the state, except the Baton Rouge Region, the largest proportion of newly-diagnosed cases in 2000 were attributed to men who have sex with men (MSM). In the Baton Rouge Region, both injection drug use (36%) and high risk heterosexual contact (34%) accounted for larger percentages of the newly-diagnosed cases than did MSM (21%). When cases were adjusted for risk redistribution, high risk heterosexuals account for the largest proportion of HIV/AIDS cases diagnosed in 2000 in Region II (see pg 17 for explanation of risk redistribution).
- In 2000, 89% of the newly-diagnosed HIV/AIDS cases in the region were African-American. The Baton Rouge Region had the largest proportion of newly-diagnosed HIV/AIDS among African-Americans in the state.
- Consistent with all 9 regions in the state, African-American men have the highest HIV/AIDS rate in the Baton Rouge Region. One hundred and sixty out of every 100,000 African-American men in Region II were diagnosed with HIV/AIDS in 2000.
- Women continue to represent an increasing proportion of newly-diagnosed HIV/AIDS cases statewide. In 2000, the Baton Rouge Region had the largest proportion of newly-diagnosed HIV/AIDS cases among women (43%).
- Statewide, 156 HIV-infected women gave birth in 2000, 57 of these women resided in Region II. While 86% of the HIV-infected women giving birth statewide received AZT in 2000, 91% of HIV-infected pregnant women received AZT in Region II.

As the HIV/AIDS epidemic continues in persons at high risk and expands in persons who may not recognize their risk (e.g. women, sexual partners of persons at high risk), health care providers can play an important role in preventing HIV/AIDS. Physicians, nurses, and other health care workers should talk to every patient about his/her sexual behavior and recommend specific steps to decrease risky behavior, including reducing the number of sexual partners and using condoms routinely. As AIDS is still an incurable disease, the few minutes spent in this counseling can save more lives than all medical interventions that are available.

Public Health Regions							
Region	Area	<u>Parishes</u>					
I	New Orleans	Jefferson, Orleans, Plaquemines, St. Bernard					
II	Baton Rouge	Ascension, East Baton Rouge, East Feliciana, Iberville, Pointe Coupee, West Baton Rouge, West Feliciana					
III	Houma	Assumption, Lafourche, St. Charles, St. James, St. John the Baptist, St. Mary, Terrebonne					
IV	Lafayette	Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, Vermilion					
V	Lake Charles	Allen, Beauregard, Calcasieu, Cameron, Jefferson Davis					
VI	Alexandria	Avoyelles, Catahoula, Concordia, Grant, La Salle, Rapides, Vernon, Winn					
VII	Shreveport	Bienville, Bossier, Caddo, Claiborne, De Soto, Natchitoches, Red River, Sabine, Webster					
VIII	Monroe	Caldwell, East Carroll, Franklin, Jackson, Lincoln, Madison, Morehouse, Ouachita, Richland, Tensas, Union, West Carroll					
IX	Hammond/Slidell	Livingston, St. Helena, St. Tammany, Tangipahoa, Washington					







	AIDS		HIV/AIDS	Cum		AIDS		HIV/AIDS	Cum
D. DYGY	DX ^a in	Detected in	Detection			DX ^a in	Detected in		
PARISH	2000	2000	Rate, 2000 ^b	Cases ^c	PARISH	2000	2000	Rate, 2000 ^b	Cases ^c
Statewide	724	1,130	26	20,415	Region VI	29	63	21	819
					Avoyelles	5	18	43	182
Region I	308	413	40	10,126	Catahoula	3	2	n/a	18
Jefferson	59	79	17	1,738	Concordia	2	3	n/a	40
Orleans	242	326	67	8,202	Grant	1	0	n/a	24
Plaquemines	1	0	n/a	40	La Salle	0	0	n/a	6
St. Bernard	6	8	12	146	Rapides	15	32	25	413
					Vernon	2	5	10	69
Region II	192	300	50	3,926	Winn	1	3	n/a	67
Ascension	6	7	9	132					
East Baton Rouge	153	237	57	3,124	Region VII	48	71	14	1,212
East Feliciana	8	16	75	110	Bienville	2	3	n/a	16
Iberville	13	21	63	214	Bossier	3	3	n/a	126
Pointe Coupee	5	3	n/a	55	Caddo	37	51	20	835
West Baton Rouge	3	10	46	109	Claiborne	2	5	30	56
West Feliciana	4	6	40	182	De Soto	0	0	n/a	28
					Natchitoches	1	4	n/a	76
Region III	28	37	10	620	Red River	1	1	n/a	9
Assumption	1	2	n/a	29	Sabine	1	1	n/a	22
Lafourche	5	5	6	98	Webster	1	3	n/a	44
St. Charles	5	6	12	90					
St. James	4	5	24	57	Region VIII	24	55	16	878
St. John the Baptist	4	7	16	82	Caldwell	0	1	n/a	15
St. Mary	3	6	11	91	East Carroll	0	3	n/a	27
Terrebonne	6	6	6	173	Franklin	0	0	n/a	22
					Jackson	0	0	n/a	16
Region IV	38	91	17	1,205	Lincoln	0	1	n/a	66
Acadia	3	5	8	94	Madison	3	4	n/a	56
Evangeline	3	8	23	41	Morehouse	0	2	n/a	59
Iberia	2	8	11	100	Ouachita	16	36	24	496
Lafayette	17	36	19	617	Richland	4	4	n/a	45
St. Landry	10	20	23	193	Tensas	1	3	n/a	27
St. Martin	1	13	27	79	Union	0	0	n/a	34
Vermilion	2	1	n/a	81	West Carroll	0	1	n/a	15
Region V	30	48	17	810	Region IX	25	52	12	819
Allen	1	11	43	139	Livingston	5	15	16	115
Beauregard	5	3	n/a	56	St. Helena	0	0	n/a	10
Calcasieu	22	32	17	555	St. Tammany	8	14	7	341
Cameron	0	0	n/a	7	Tangipahoa	8	17	17	179
Cumción	3	U	11/ α	,	i angipanoa	U	1/	1/	117

^a DX - Diagnosed with AIDS. AIDS diagnoses will be included in counts of HIV/AIDS detection (2nd column) for persons first detected with HIV at an AIDS diagnosis; therefore numbers from the two columns should not be added.

Washington

4

6

14

174

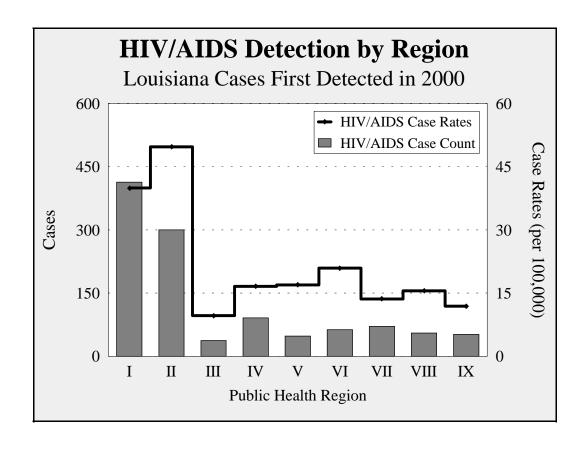
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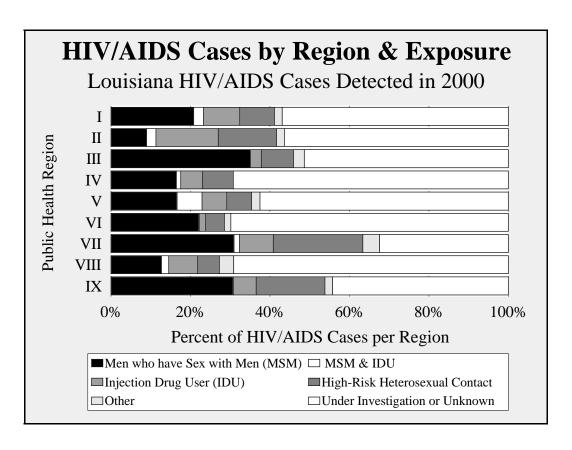
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2

Jefferson Davis

Rates per 100,000 persons in parish. Rates are unstable and not available (n/a) for parishes with low case counts. Cumulative HIV/AIDS may be interpreted as minimum number of cases reported in parish.





Demographics of HIV-Infected Persons (HIV/AIDS)^a
Region II: Baton Rouge Region

Persons with HIV/AIDS First Detected in 2000

These columns reflect persons with HIV infection (HIV/AIDS) whose positive status was first detected in 2000 through confidential testing. Some of these persons may have been diagnosed with AIDS at the time HIV was first detected; therefore, this column does not reflect new cases of HIV infection but rather new cases of HIV detection.

Persons Living with HIV/AIDS

This column reflects the minimum number of persons living with HIV/AIDS by the end of 2000. This column includes persons living with AIDS.

	State	<u>wide</u>	Region II: Baton Rouge Region				
	Cases	Percent ^b	Cases	Percent ^b	Cases	Percent ^b	
TOTAL	1,130	100%	300	100%	2,689	100%	
Gender							
Men	745	66 %	171	57 %	1,764	66 %	
Women	385	34 %	129	43 %	925	34 %	
Ethnicity							
African-American	853	75 %	266	89 %	2,183	81 %	
White	251	22 %	31	10 %	484	18%	
Other	23	2 %	3	1 %	19	1 %	
Unknown	3	<1 %	0	0 %	3	<1 %	
Age Group	Age at HIV Detection:		Age at HIV Detection:		Age at E	Age at End of 2000:	
under 15	14	1 %	1	<1 %	34	1 %	
15 - 24	214	19 %	68	23 %	232	9%	
25 - 34	336	30 %	81	27 %	731	27 %	
35 - 44	348	31 %	93	31 %	1,085	40 %	
over 44	218	19 %	57	19 %	607	23 %	
Exposure Group ^c					į į		
MSM^d	208	43 %	27	21 %	478	26%	
$\mathrm{IDU}^{\mathrm{d}}$	108	22 %	47	36%	751	41 %	
MSM and IDU	23	5 %	7	5 %	154	8 %	
HRH ^d	124	26%	44	34 %	400	22 %	
Transf/Hemo	12	2 %	6	5 %	32	2 %	
Perinatal	11	2 %	0	0 %	34	2 %	
Unspecified ^e	644	57%	169	56%	840	31%	
Urban/Rural Parish	es						
Urban	956	85 %	254	85 %	2,289	86%	
Rural	174	15 %	46	15 %	367	14%	

^a HIV data collection started in 1993. Positive results of anonymous tests are not included due to the likelihood of repeated tests.

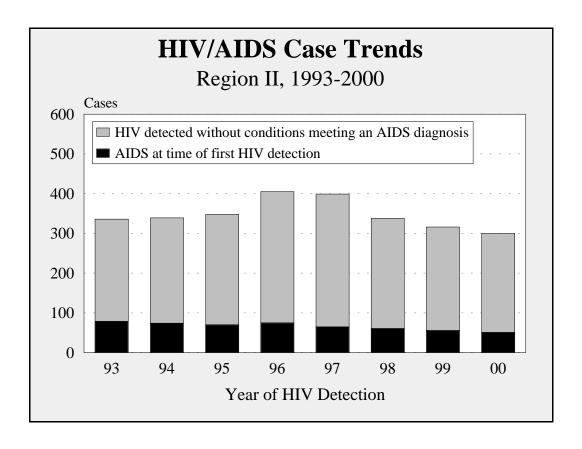
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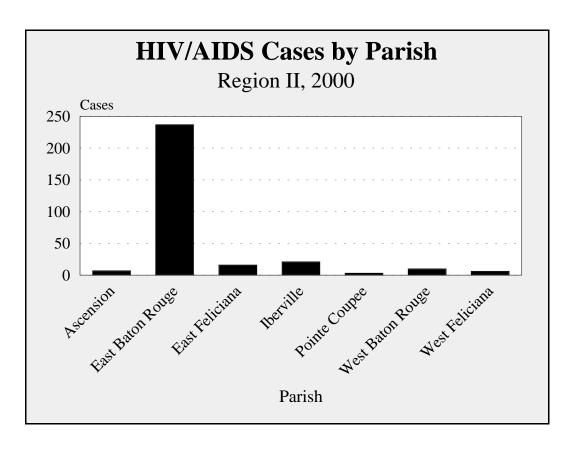
^b Percentages might not add up to 100% due to missing values and rounding errors.

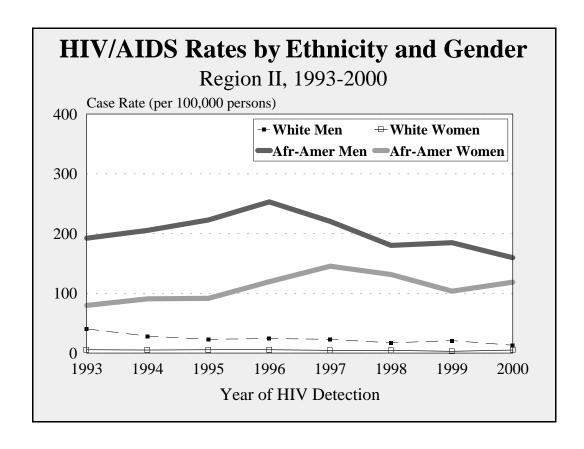
^c Percents for identified exposure groups represent the distribution among those with a specified exposure.

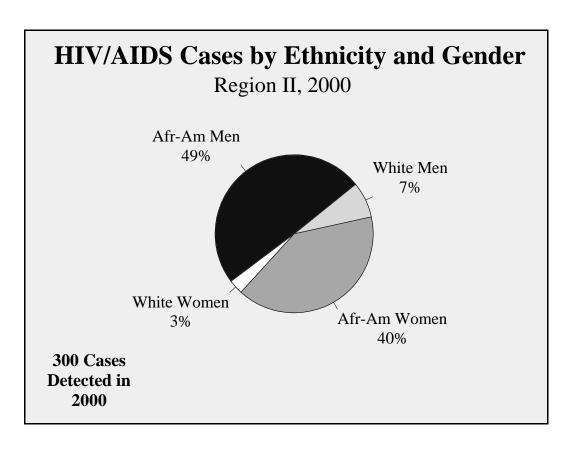
d MSM: Men who have Sex with Men (non-IDU); IDU: Injection Drug Users; HRH: High Risk Heterosexual.

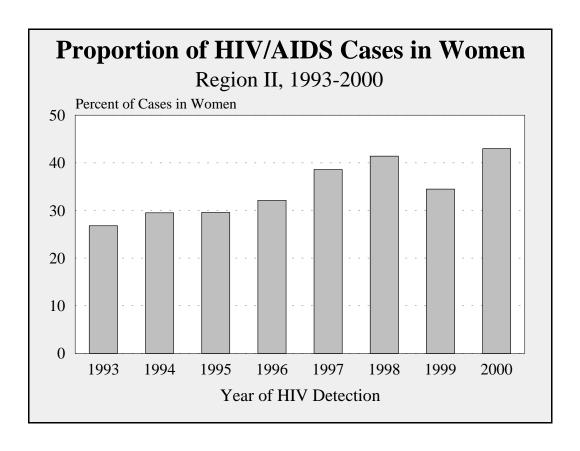
Unspecified Exposure refers to cases whose exposure group is under investigation or unknown.

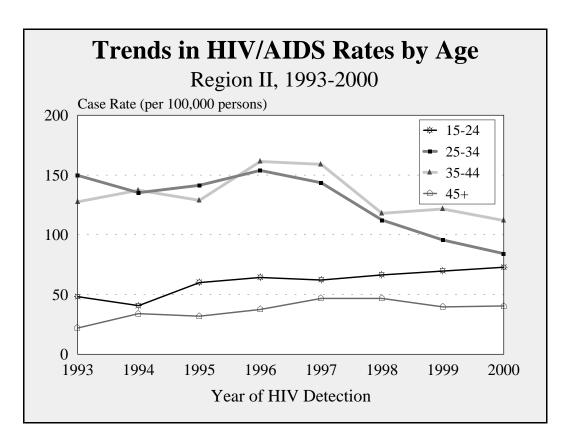


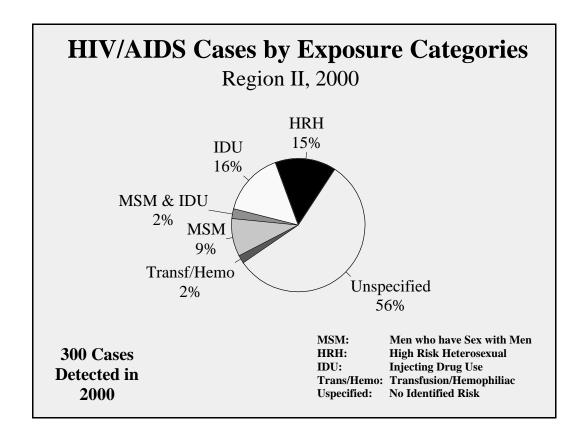


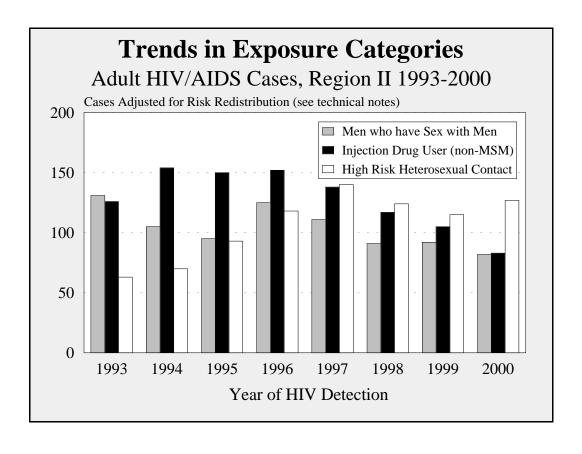


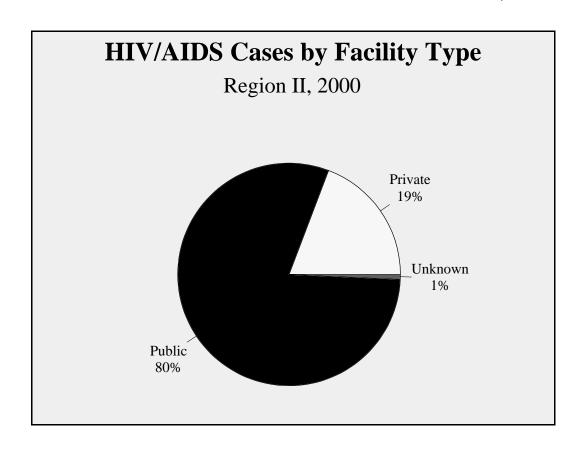


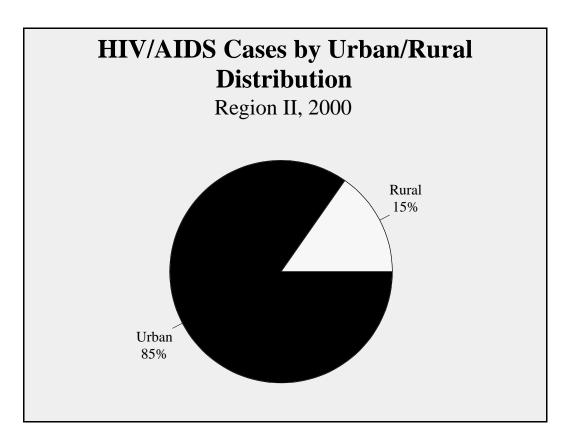












Demographics of AIDS Cases Region II: Baton Rouge Region

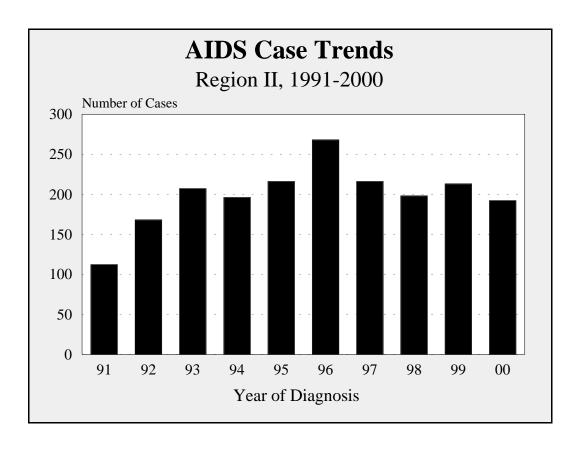
	AIDS Cases D	iagnosed in 2000	Cumu	Cumulative AIDS		
	<u>Cases</u>	Percent ^a	<u>Cases</u>	Percent ^a		
TOTAL	192	100%	2,258	100%		
Gender						
Men	115	60%	1,783	79%		
Women	77	40%	475	21%		
Age Group						
under 15	0	0%	18	1%		
15 - 24	31	16%	151	7%		
25 - 34	55	29%	836	37%		
35 - 44	65	34%	849	38%		
over 44	41	21%	402	18%		
Ethnicity b	1776	020/	1.614	710/		
African-American White	176 13	92% 7%	1,614 627	71%		
Hispanic	2	7 % 1%	14	28% 1%		
Other	1	1%	3	<1%		
Ethnicity b and Gender	-	1,0	3	\1 /0		
African-Amer Men	105	55%	1,187	53%		
White Men	7	4%	580	26%		
Hispanic Men	2	1%	13	1%		
Other Men	1	1%	3	<1%		
African-Amer Women	71	37%	427	19%		
White Women	6	3%	47	2%		
Hispanic Women	0	0%	1	<1%		
Other Women	0	0%	0	0%		
Exposure Category c						
MSM	24	12%	679	30%		
IDU	60	31%	756	33%		
MSM and IDU	6	3%	190	8%		
HRH	38	20%	239	11%		
Transf/Hemo	3	2%	41	2%		
Perinatal	0	0%	18	1%		
Unspecified	61	32%	335	15%		
Urban/Rural Parishes						
Urban	162	84%	1,908	84%		
Rural	30	16%	350	16%		
Facility Type						
Public	161	85%	1,568	70%		
Private	29	15%	683	30%		

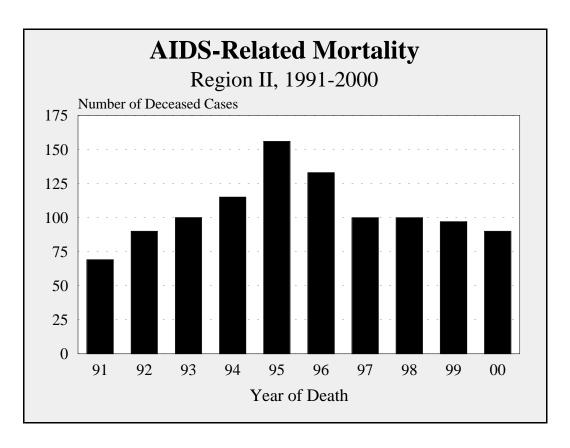
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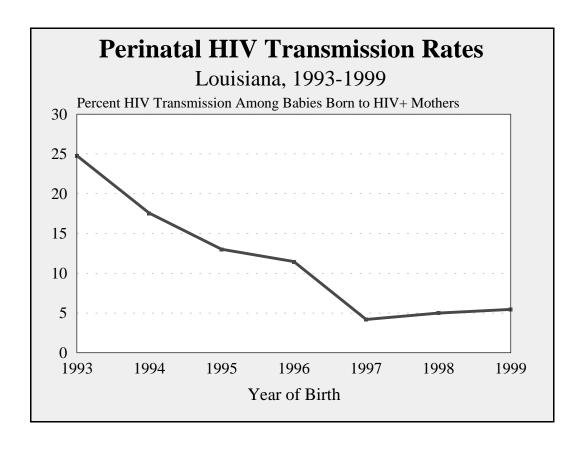
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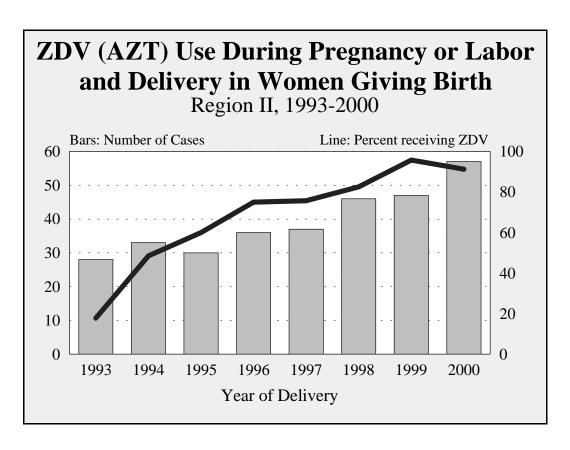
^b Cases and rates by ethnicity do not include cases whose race/ethnicity is unknown.

^c MSM=Men who have Sex with Men; IDU=Injection Drug User; HRH=High Risk Heterosexual; Unspecified=Still under investigation or unknown. See technical notes for further explanation.









TECHNICAL NOTES

Interpretation of HIV Detection Data

Because antiretroviral treatment regimens are initiated much earlier in the course of HIV infection than previous treatments, effective therapies postpone and/or prevent the onset of AIDS, resulting in a decrease in AIDS incidence. Consequently, recent incident AIDS data can no longer provide the basis of HIV transmission estimates and trends, and the dissemination of surveillance data has moved toward placing heavier emphasis on the representation of HIV-positive persons. Throughout this report, all AIDS data are depicted by characteristics at year of AIDS diagnosis under the 1993 AIDS case definition, whereas HIV data are characterized at year of HIV detection (earliest positive test reported to the health department).

HIV detection data are not without limitations. Although HIV detection is usually closer in time to HIV infection than is an AIDS diagnosis, data represented by the time of HIV detection must be interpreted with caution. Unlike AIDS data where the date of diagnosis is relatively precise for monitoring AIDS incidence, HIV detection trends do not accurately depict HIV transmission trends. This is because HIV detection data represent cases who were reported after a positive result from a confidential HIV test, which may first occur several years after HIV infection. In addition, the data are under detected and under reported because only persons with HIV who choose to be tested confidentially are counted. HIV detection counts do not include persons who have not been tested for HIV and persons who <u>only</u> have been tested anonymously.

Therefore, HIV detection data do not necessarily represent characteristics of persons who have been recently infected with HIV, nor do they provide true HIV incidence. Demographic and geographic subpopulations are disproportionately sensitive to differences and changes in access to health care, HIV testing patterns, and targeted prevention programs and services. All of these issues must be carefully considered when interpreting HIV data.

Definitions of the Exposure Categories

For the purposes of this report, HIV/AIDS cases are classified into one of several hierarchical exposure (risk) categories, based on information collected. Persons with more than one reported mode of exposure to HIV are assigned to the category listed first in the hierarchy. Definitions are as follows:

- Men who have Sex with Men (MSM): Cases include men who report sexual contact with other men, i.e. homosexual contact or bisexual contact.
- **Injection Drug User (IDU)**: Cases who report using drugs that require injection not other route of administration of illicit drug use at any time since 1978.
- **High Risk Heterosexual Contact (HRH)**: Cases who report specific heterosexual contact with a person who has HIV or is at increased risk for HIV infection, e.g. heterosexual contact with a homosexual or bisexual man, heterosexual contact with an injection drug user, or heterosexual contact with a person known to be HIV-infected.
- **Hemophilia/Transfusion/Transplant** (**Hemo/Transf**): Cases who report receiving a transfusion of blood or blood products prior to 1985.
- **Perinatal**: HIV infection in children resulting from transmission from an HIV+ mother to her child.

• Unspecified: Cases who, at the time of this publication, have no reported history of exposure to HIV through any of the routes listed in the hierarchy of exposure categories. These cases represent logistical issues of surveillance and do <u>not</u> imply that modes of transmission other than sexual, blood, and perinatal are suspected. "Unspecified" cases include: persons for which the surveillance protocols to document the risk behavior information have not yet been completed and are still under investigation; persons whose exposure history is incomplete because they have died, declined risk disclosure, or were lost to follow-up; persons who deny any risk behavior; and persons who do not know the HIV infection status or risk behaviors of their sexual partners.

Case Definition Changes

The CDC AIDS case definition has changed over time based on knowledge of HIV disease and physician practice patterns. The original definition was modified in 1985¹. The 1987 definition² revisions incorporated a broader range of AIDS opportunistic infections and conditions and used HIV diagnostic tests to improve the sensitivity and specificity of the definition. In 1993, the definition was expanded³ to include HIV-infected individuals with pulmonary tuberculosis, recurrent pneumonia, invasive cervical cancer, or CD4 T-lymphocyte counts of less than 200 cells per ml or a CD4⁺ percentage of less than 14. A result of the 1993 definition expansion caused HIV-infected persons to be classified as AIDS earlier in their course of disease than under the previous definition. Regardless of the year, AIDS data are tabulated in this report by the date of the first AIDS defining condition in an individual under the 1993 case definition.

The case definition for HIV infection was revised in 1999⁴ to include positive results or reports of detectable quantities of HIV virologic (nonantibody) tests. The revisions to the 1993 surveillance definition of HIV include additional laboratory evidence, specifically detectable quantities from virologic tests. The perinatal case definition for infection and seroreversion among children less than 18 months of age who are perinatally exposed to HIV has been changed to incorporate the recent clinical guidelines and the sensitivity and specificity of current HIV diagnostic tests in order to more efficiently classify HIV-exposed children as infected or non-infected.

Adjustment and Estimation Techniques

The period of time between when a case is diagnosed and when it is reported (reporting delay) causes distortions in trends for recently diagnosed cases. Reporting delays were estimated using a maximum likelihood procedure, taking into account possible differences in reporting delays among exposure, geographic, ethnic, age, and gender categories. The estimated number of cases that will be reported are presented as "expected" cases. Adjustment programming was developed by CDC (HIV/AIDS Surveillance Report, 1994; 6(2): 37-38).

Recently reported cases, especially HIV (non-AIDS) cases, are more likely to be reported without a specified risk (exposure), thereby causing a distorting decrease among trends in exposure categories. Thus, proportions and graphic representation of trends among risk groups use estimated cases based on risk redistribution. This redistribution is based on preliminary national sex-and race- specific exposure classification distributions of previously unspecified HIV cases in the southern states. These redistribution parameters are similar to those based on national AIDS cases diagnosed prior to 1993 as well as those based on the distribution of specified cases in Louisiana.

¹ MMWR 1985; 34: 373-75.

² MMWR 1987; 36 [Supp no.1S]: 1S-15S.

³ MMWR 1992; 41[RR-17]: 1-19.

⁴ CDC 1999; 48[RR13]; 1-27.